| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155133 | A. BUILDING _____ B. WING _____ | R-C 09/30/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS | 2100 MIDWAY ST COLUMBUS, IN 47201 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | INITIAL COMMENTS | {F 000} | | |

This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00207607 completed on August 17, 2016.

This visit was for the Investigation of Complaints IN00210296, IN00207997 and IN00211313.

This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on August 17, 2016.

Complaint IN00207607 - Corrected
Complaint IN00210296 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00207997 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00211313 - Unsubstantiated due to lack of evidence.

Survey dates: September 29 and 30, 2016

Facility number: 000058
Provider number: 155133
AIM number: 100283340

Census bed type:
SNF/NF: 119
Total: 119

Census payor type:
Medicare: 10
Medicaid: 84
Other: 25
Total: 119

Sample: 12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155133 | A. BUILDING _____ B. WING _____ | R-C 09/30/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS** | **2100 MIDWAY ST COLUMBUS, IN 47201** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | Continued From page 1<br>Kindred Transitional Care and Rehabilitation Columbus was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Post Survey Revisit for the Investigation of Complaint IN00207607. | {F 000} | | |